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BHAT

FORM 009

CLINICAL CENTER LABORATORY AND X-RAY RESULTS

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1. Patient ID 4 5 6 7 8 9 10 11 12

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58, 59, 40, 41, 42, 43 10

2. Acrostic 13, 14, 15, 16, 17, 18 19, 20 21, 22, 23, 24, 25, 26, 27, 28

8

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11

3. Date of BHAT visit 44 45 46 47 48 49 month day year

4. Visit Number 50, 52

5. a. WBC Done? At Baseline and annually 23 52

1 Yes

2 No

SKIP to 6

b. WBC 24 53, 54, 55, 56, 57

6. a. Hematocrit done? At Baseline and annually 25 58

1 Yes

2 No

SKIP to 7

b. Hematocrit (% , disregard decimals) 26 59, 60

7. Urinalysis done? At Baseline and annually 17 61

1 Yes

2 No

SKIP to 8

- a. Glucose: 62 18 1 Negative 2 Trace 3 1+ 4 2+ 5 3+ 6 4+
b. Ketones: 19 63 1 Negative 2 Small 3 Moderate 4 Large
c. Bilirubin: 64 20 1 Negative 2 Small 3 Moderate 4 Large
d. Blood: 27 65 1 Negative 2 Small 3 Moderate 4 Large
e. Protein: 66 22 1 Negative 2 Trace 3 1+ 4 2+ 5 3+ 6 4+

f. pH: (interpolate to closest half unit) 23 67 68

8. Standard 6 ft. PA x-ray done? At Baseline ; 1st annual and Final Visit 69 24 1 Yes 2 No SKIP to 10

a. Quality: 1 Good 2 Fair 3 Bad 70 25

b. Measurements: See M.O.P. for instructions, Code 9's if unable to make measurements

26 MRD = 71, 72 73 MLD = 74, 75 76 27 ID = 77, 78 79 28

c. Comment: 29 1 Yes 2 No 3 DK SKIP to 9

- i Can't measure MRD or MLD 30
ii Can't measure ID (Transverse) diameter of the thorax 31
iii Curvature of the spine 32
iv Underexposure 33
v Rotation 34
vi Other, Specify 35

9. Date x-ray taken 88, 89 90, 91 92, 93 37 month day year

10. Person completing form 94, 95 38